PTO/SB/17 (10-07)
Approved for use through 06/30/2010. OMB 0651-0032
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	Effective on 12/08/	L	Complete if Known						
·	the Consolidated Approp	18).			10/089,663-Conf. #6944				
FEE	E TRANSI	ļ.			July 10, 2002				
For FY 2008						Armin Prasch			
\vdash	1011120	-	Examiner Name		H. S. Ahmed				
Applicant claims small entity status. See 37 CFR 1.27			_	Art Unit 1618					
TOTAL AMOUNT	OF PAYMENT	(\$) 1,230.00		Attorney Docket	No. C	03671/000K437-US0			
METHOD OF	PAYMENT (check	all that apply)							
Check	x Credit Card	Money Order	None	Other (lease identify	·):			
Deposit Ac	count Deposit Account I	Number: 04-010	0	Deposit A	Account Name:	Darby	& Darby P	.C	
For the	above-identified depo	osit account, the Direct	or is	hereby authorize	d to: (chec	k all that apply)			
C	harge fee(s) indicated	d below		Charge	e fee(s) ind	icated below, e	xcept for th	e filing fee	
	narge any additional f e(s) under 37 CFR 1.	fee(s) or underpaymen 16 and 1.17	its of	x Credit	any overpa	yments			
FEE CALCUI	_ATION								
1. BASIC FILIN	G, SEARCH, AND E	XAMINATION FEES							
	FII	LING FEES	SEA	RCH FEES	EXAMIN	ATION FEES	-		
Application Ty	<u>/pe Fee (\$</u>	Small Entity (i) Fee (\$) Fe	e (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees P	aid (\$)	
Utility	310		510	255	210	105	10001	<u> </u>	
Design	210		100	50	130	65			
Plant	210		310	155	160	80			
Reissue	310		510	255	620	310			
Provisional	210	105	0	0	0	0			
2. EXCESS CLA			·	-			9	mall Entity	
Fee Description							Fee (\$)	Fee (\$)	
	r 20 (including Reiss	ues)					50	25	
Each independe	nt claim over 3 (incl	uding Reissues)					210	105	
Multiple depend	dent claims						370	185	
Total Claims	Extra Claims	Fee (\$) F	ee P	aid (\$)	<u>Mu</u>	<u>ıltiple Depende</u>	ent Claims		
HP = highest num	- 20 = ber of total claims paid for	x = r. if greater than 20.			<u>Fe</u>	e (\$)	Fee Paid (\$)	ì	
Indep. Claims	Extra Claims	-	ee P	aid (\$)					
	-3=	 		(4)					
		paid for, if greater than 3.							
	tion and drawings ex	xceed 100 sheets of pa							
		the application size fe 35 U.S.C. 41(a)(1)(G)			or small en	itity) for each a	dditional 50		
<u>Total Sheet</u>	<u>s</u> <u>Extra Sheet</u>	S Number of ea	ch ac	Iditional 50 or frac	tion thereo	Fee (\$)	Fee P	aid (\$)	
	- 100 =	/50 =		(round up to a who	le number)	×	=		
4. OTHER FEE	•						Fees F	Paid (\$)	
Non-English	1 05	50.00							
Other (e.g., l	ate filing surcharge):	1253 Extension fo 1806 Submission						80.00 80.00	
SUBMITTED BY									
Signature	Alke			Registration No.	48,008	Telephone	(212) 527	7-7700	
_	Irina E. Vainberg	_7		(Attorney/Agent)	.0,000	Date	August 26		

AMEN	Docket No. 03671/000K437-US0										
Application	n No.	Filing [Date	Examiner		Art Unit					
10/089,663-Co	onf. #6944	July 10,	2002	H. S. Ahmed	d	1618					
Applicant(s): Arm	in Prasch et al										
Invention:	GRADABLE EX ANCES AND I			THERAPEUTICALI G THE SAME	LY ACTIV	E					
Transmitted here		THE COMMI									
The fee has been calculated and is transmitted as shown below.											
CLAIMS AS AMENDED											
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate							
Total Claims	12	- 20 =		x							
Independent Claims	1	- 3 =		х							
Multiple Depend	lent Claims (ch	eck if applicabl	e)								
Other fee (pleas	1,050.00 180.00										
TOTAL ADDITI	ONAL FEE FO	OR THIS AME	NDMENT:		1,230.00						
x Large Entity				Small Entity							
No additiona	I fee is require	d for this amer	ndment.								
` `	ge Deposit Acc			n the amount of \$ _		·					
				the filing fee is encl	losed.						
	credit card. Fo	'									
X The Director		orized to char	ge and credit	Deposit Account No	o. <u>04</u>	-0100					
-	•										
x Credit any overpayment. x Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.											
	la l										
Irina E. Vainber	~			Dated:	August 2	6, 2008					
Attorney/Agent	Reg. No.: 48,0	800									
DARBY & DAR P.O. Box 770 Church Street S New York, New (212) 527-7700	Station York 10008-0	770									